



Michael Hurst is New Deputy State Health Commissioner



MICHAEL A. HURST

Photo by Daniel Axler

South Bend native Michael A. Hurst, J.D. has been named the new Deputy State Health Commissioner.

Hurst is currently Chief Legal Counsel for the Indiana State Depart-

ment of Health.

"Michael is well respected and will bring an in-depth understanding of the issues that face the State Department of Health, as well as the needs of the agency's staff," said State Health Commissioner Greg Wilson, M.D. upon making the appointment.

Hurst has served as the agency's Chief Legal Counsel since January of this year. He came to the State Department of Health from the Office of the Attorney General, where he served as Deputy Attorney General and Section Chief. His last position there was Chief Counsel of the Appeals Division.

"I look forward to the challenge of continuing to serve the people of Indiana in this new role," said Hurst.

"I am humbled and honored by the faith the Commissioner has placed in me."

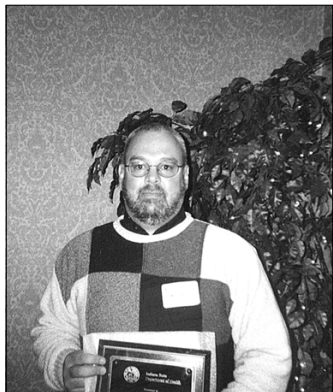
Hurst received his bachelor's degree in public affairs from Indiana University at South Bend in 1983 and his law degree from the John Marshall Law School, Chicago, Illinois in 1987. Prior to serving in the Attorney General's Office, he worked for the Office of the Illinois Attorney General, where he served as Deputy Bureau Chief and Assistant Attorney General of the Criminal Appeals Bureau.

Hurst has teaching experience with the Indiana University School of Law, Indianapolis and the John Marshall Law School, Chicago, Illinois.

Hurst's appointment is effective November 19, 2001.

— Jennifer Dunlap

State Health Department Honors Immunization High Achievers



THREE AWARD RECIPIENTS among the 49 Indiana health departments and a WIC clinic receiving immunization high achievement awards are (l. to r.) B.J. Armstrong (WIC Neighborhood Health Clinic, Ft. Wayne); Suzanne McKay and Kim Coulter (Ohio County Health Department) and Cindy Andres (Floyd County Health Department). Health departments and physicians received the award for completing full immunizations for 90 percent or more of their two-year-old patients.

— Photos by Beverly Sheets

On October 22, 24, and 26, ISDH held three regional awards conferences, in South Bend, Jasper, and Greenwood, respectively. Forty-nine county health departments, a WIC clinic, and 48 private medical practices received award plaques recognizing

the recipients for an immunization rate of 90 percent or higher for two-year-olds. Three years ago, only 30 local health departments and one private physician were recognized for reaching or exceeding the 90th percentile. At that time, many local health

departments were reported to have completion rates considerably below that mark.

In the last year, Indiana has raced ahead of many states to rise from the bottom third nationally to above the national average in the percentage of children at age two whose childhood immunization series have been completed.

The improvement, reflected in statistics kept by the Centers for Disease Control and Prevention, Atlanta, has an explanation.

"It's due to the exceptional effort of the nurses and other

immunization support staff of Indiana's local health departments,

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Award Winners
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together with strong technical and logistical support from the ISDH Immunization Division staff," said Michael Runau, director of the ISDH immunization Division.

Runau says that a key change that has occurred in support of the higher immunization completion rates has been better tracking and follow-up by the local health departments and private physicians.

Computer software, including that provided at federal expense through the State Department of Health, has helped both local public health departments and physicians keep better track of patients. The software helps alert staff when it's time to send postcards to parents. The postcards remind parents to schedule needed appointments for their children's booster shots to stay current in their series of inoculations.

The awards conferences also offered providers opportunities to share information and to catch up on the latest practices and thinking about immunization. The all-day conferences featured morning and afternoon keynote presentations, made to the entire group of attendees, each followed by three concurrent breakout sessions. Keynote speakers addressed the pros and cons of including Varicella (chicken pox) vaccinations among the required vaccination series administered to infants and pre-schoolers; an immunization update from the CDC on recent developments and dosage recommendations for administering a variety of vaccines for children and adolescents; the ABC's of hepatitis; and an Ask the Experts presentation co-featuring CDC nurse educator Donna Weaver and ISDH's Charlene Graves, M.D.

ISDH Vaccines for Children program supervisor Terry Adams delivered a luncheon address, "Barriers to Raising Immunization Rates." Donna Weaver delivered the afternoon keynote address, "Immunization Nursing Issues."

Breakout sessions included vaccine for children provider success stories, successful immunization efforts in an Allen County Headstart project; a discussion by Wayne Staggs, ISDH Vaccine Program, of vaccine preventable diseases for every age; coalition building; an update on vaccine safety and the ISDH immunization registry; and presentation by Shawn Richards, ISDH Immunization Division, on vaccinations for the foreign born, adoption, and travel.



IMMUNIZATION STAFF gather for photo; they are (l.to r.) Michael Runau, director, ISDH Immunization Division; Charlene Graves, M.D., medical director, ISDH Immunization Division; and Beverly Sheets, R.N., Awards Conference Coordinator and a contractor supervising enrollment of VFC providers for ISDH.

ISDH Epidemiologic Resource Center staff Jim Howell, DVM, Hans Messersmith, and Pam Pontonnes each delivered an additional "Bioterrorism/Anthrax" talk, which included vaccine issues at the conference sites. — David Pilbrow

50 Reach 90 Percent Immunization Mark

The 49 Indiana local health departments and a WIC health clinic listed below are those that have completed an immunization series for 90 percent or more of their two-year-old patients in their respective counties.

Bartholomew Co. Health Dept.	Jennings Co. Health Dept.
Benton Co. Health Dept.	Johnson Co. Health Dept.
Boone Co. Health Dept.	Knox Co. Health Dept.
Brown Co. Health Dept.	Lawrence Co. Health Dept.
Carroll Co. Health Dept.	Martin Co. Health Dept.
Cass Co. Health Dept.	Morgan Co. Health Dept.
Clinton Co. Health Dept.	Ohio Co. Health Dept.
Daviess Co. Health Dept.	Perry Co. Health Dept.
Dearborn Co. Health Dept.	Pike Co. Health Dept.
Decatur Co. Health Dept.	Porter Co. Health Dept.
Dubois Co. Health Dept.	Pulaski Co. Health Dept.
Fayette Co. Health Dept.	Randolph Co. Health Dept.
Floyd Co. Health Dept.	Ripley Co. Health Dept.
Fountain-Warren Co. Health Dept.	Rush Co. Health Dept.
Franklin Co. Health Dept.	Shelby Co. Health Dept.
Grant Co. Health Dept.	Spencer Co. Health Dept.
Hamilton Co. Health Dept.	Tippecanoe Co. Health Dept.
Hancock Co. Health Dept.	Tipton Co. Health Dept.
Harrison Co. Health Dept.	Vigo Co. Health Dept.
Hendricks Co. Health Dept.	Washington Co. Health Dept.
Henry Co. Health Dept.	Wells Co. Health Dept.
Huntington Co. Health Dept.	White Co. Health Dept.
Jackson Co. Health Dept.	Whitley Co. Health Dept.
Jasper Co. Health Dept.	WIC Neighborhood Health Clinic, Ft. Wayne
Jay Co. Health Dept.	
Jefferson Co. Health Dept.	



WARREN/FOUNTAIN COUNTY HEALTH DEPARTMENT NEWS STORY (above) garnered free publicity for county immunization program after winning staff approached their local newspaper, the *Fountain County Neighbor*. According to Public Health Nurse Carolyn Garrett (pictured lower left) funds for advertising are limited, so this welcome media attention helps support the county's immunization effort. Appearing with Garrett (l. to r.) are Lyndall Salts, L.P.N., immunization nurse, and Carolyn Groover, L.P.N. Garrett says that the matching outfits worn by all three nurses is the attire they don on immunization days. Newsclip courtesy *Fountain County Neighbor*

'Alzheimers' Conference Keynote Offers Patient-Centered Perspectives

Fostering patient well-being, as experienced by the person with dementia, is the most important goal of a patient-centered Alzheimer's care program, according to keynote speaker Anna Ortigara, R.N., who spoke to more than 450 persons in attendance at the Alzheimer Association Conference held October 25 in Indianapolis.

The conference was co-sponsored by the Indiana State Department of Health, and chaired by Mark Laker, ISDH Local Liaison Office.

Ortigara is an experienced program administrator in gerontology nursing, having specialized in this field for more than 20 years, primarily in the Chicago area. She is the author of a number of published articles and four videos on the subject. She is currently vice president of program development at Life Services Network, Hinsdale, IL.

Ortigara defined well-being as that which is measured from the patient's point of view. She says in the past she used to tell those who sought her expertise as a consultant that the essentials of a dementia-care program should include: 1) a dementia-care specific activity program; 2) a sufficient number of well-trained dementia-care staff; and 3) an outside secured space so patients could move freely between the inside to the outside. Then Ortigara says she realized that those important things are only structure and process and alone were not enough.

She says she realized that the primary focus should be on outcome. If dementia care is done correctly, the question for her was how does the person with dementia experience it. Finding an answer to this question started her exploration.

In an effort to create a safe and comfortable place for those with Alzheimer's, she says that many beautiful nursing home environments have been created. However, she insists they should be viewed only as a tool to try to

get to a good outcome and not as an end in themselves.

Everything that's done in a care setting, she believes should be measured in terms of outcomes—how the person with dementia experiences it.



ATTENDEES in packed lecture hall have lunch following address by keynote speaker Anna Ortigara (inset) at daylong program addressing a broad array of issues linked to Alzheimer's care October 25.

To get to good outcomes, she says requires doing an assessment. She suggests that a useful method of measuring the quality of person-centered well-being includes an examination of five elements: attachment, inclusion, identity, occupation, and comfort.

She says that attachments help a person know who they are in relation to others in the environment, like family, friends, and staff. Staff turnover, even staff shift changes, can be the source of uncertainty and confusion for dementia patients, she believes.

Inclusion refers to the process of being included in activity. "The fact that so many patients are drawn to hang around nursing stations is testament to the patient need to be included. Patients tend to be looking for locations where they are connected, where they are safe," she said.

Occupation, or identifying with what one does also helps to establish a sense of who one is, she says.

"Identity is a level of comfort as to who I am, even if I don't know my name or remember my address," she said.

She asked attendees to empathize with an Alzheimer's patient by think-

ing about what "comfort" means.

To help define the sensation of comfort experienced by an Alzheimer's patient, she gave the following example: "(Visualize) that you're somewhere and you're very lost and don't know what the place is and everyone around you looks very scary and you don't know what to do or where to go."

"Then, one person approaches you v-e-r-y s-l-o-w-l-y, makes eye contact, says your name, takes your hand, and sits down with you and just stays with you in your place. When you're very scared and lost, what does this (treatment) feel like?" she asked of attendees. "Isn't it comfort? Isn't it love?"

"Aren't (comfort and love) basic human needs?" she asked rhetorically. She says it's up to paid professional care staff to help meet these needs.

She says the new paradigm of dementia is that it's a brain disease, and it's going to be cured. It explodes the myth that dementia care is purely custodial, boring, demanding little of the caregiver. In fact, Ortigara said that rather than thinking of direct care giving as unimaginative, "dementia care can push our humanity to its limits of creativity."

"When you're assisting a person with dementia to take a shower and you've just been kicked in the face, it's hard to step back and say, 'What is this behavior telling us?'" she said.

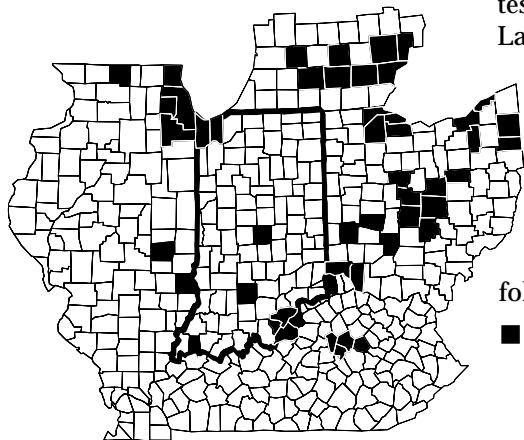
However, when aggressive behavior is perceived as a symptom of unmet needs, then the caregiver is on the right track, Ortigara believes.

"The minute we take down the wall (between ourselves and people with dementia) and see all of us . . . together as humans, requires us to commit the energy and resources to seeing (and treating) them as a person," she said.

"Caregivers can reject what I'm saying and go on as in the past, but if they accept what I'm saying, it could require a whole new way of dealing with patients," she added.

— David Pilbrow

West Nile Virus is Found in New Bird Samples



MAP shows counties in Indiana and adjoining states where birds have been found testing positive for the West Nile Virus. Graphic by Daniel Axler

Five more dead birds, found in Lake, Lawrence, and Porter counties, have tested positive for the West Nile virus. This is the first time a bird has

tested positive for the virus in Lawrence County.

In addition, a horse in north central Indiana has tested positive for West Nile virus infection. This is the first time a horse has tested positive for this infection in Indiana.

The information on the birds is as follows:

- one dead bird of unknown species found in Lawrence County on October 4;
- one dead bluejay found in Lake County on October 4;
- one dead crow found in Lake County on October 5;
- one dead bluejay found in Lake County on October 9; and

- one dead crow found in Porter County on October 5.

State health officials have now confirmed 44 birds in seven counties as positive for West Nile virus since it was first detected in Indiana on August 21. No human cases have occurred in the state.

West Nile encephalitis virus is transmitted only by mosquitoes. Health officials say the mosquitoes that carry West Nile virus are night-time biting mosquitoes, and warn Hoosiers that night-time exposure to mosquitoes increases a person's risk of being infected by the virus.

For more information, go to the Centers for Disease Control and Prevention's West Nile virus Web site, at <http://www.cdc.gov/ncidod/dvbid/westnile/q&a.htm>.

— Jennifer Dunlap

Great American Smokeout 25th Anniversary Focuses on Cessation

November 15 marks the 25th anniversary of the Great American Smokeout. On that day, tobacco cessation materials will be available together with information on ISDH's Prenatal Substance Use Prevention Program in ISDH's first floor elevator lobby at 2 North Meridian Street.

For history buffs, the first "Smokeout" was scheduled on the Thursday before Thanksgiving in 1976 by the California Chapter of the American Cancer Society. The purpose was to focus attention on the hazards of smoking and as a means to help smokers quit.

But the impetus that eventually led to the special day known as the Great American Smokeout started with the efforts of others. Bay state resident Arthur Mullaney, in 1971, asked area residents to give up smoking for one day and to donate the day's cigarette money to a local high school scholarship fund.

Mullaney's idea gained momentum in 1974 when editor Lynn R. Smith of the *Monticello Times* in Minnesota campaigned to set aside a statewide Don't Smoke Day. Publicity generated by that effort led to the California

Division of the American Cancer Society's Smokeout, when an estimated one million smokers quit on November 18, 1976. The following year, the American Cancer Society picked up the ball and has been supporting the event nationwide ever since.

In Indiana, the tobacco industry settlement, resulting from legal action pursued by both the Bayh and O'Bannon administrations and supported by the Indiana State Department of Health, led to establishing the Indiana Tobacco Use Prevention and Cessation Executive Board in 2001.

The Board devotes considerable resources year round to tobacco use prevention and cessation efforts, primarily directed toward youth.

Statistics show that a person that can stop smoking for one day is 10 times more likely to eventually stop smoking for good.

On "D-Day," the following "do's" are recommended to make it through the day without smoking.

- Delay the urge to smoke; it will pass.
- Drink water; it will help satisfy the oral compulsion to

smoke.

- Do something to distract your mind with activities that would interfere with smoking, like riding the bus, going to a smoke-free place like a library, knitting, sewing, or taking a shower.
- Discuss why you should not smoke with a friend.
- Practice Deep-breathing to help keep calm.



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